Effective October 1, 2000 0 9 8 3 / 363													3
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS						٠	RATE		FEE	1.	RATE	FEE	
FOR DEPOSIT		NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355,00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		minus 20=		• 65			X\$ 9			OR	X\$18=		
INDEPENDENT CLAIMS			// minus 3 =		. 8		-	X40	<u>.</u>		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135	_	:	OR	+270=	
• H	the difference	in column 1 is i	less than zero, enter		"0" in column 2			TOTAL		•	OR.	TOTAL	
CLAIMS AS AMENDED - PART II OTHER TO											THAN		
(Column 1) (Column 2) (Column 3)								SMAI	TE	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUME PREVIO PAID I		DUSLY	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	· 85			5	- Ø∶		X\$ 9		. •	OR	X\$18=	,
AME	Independent	• OF 10	Minus	ioo	CLANA	- 0		X40-		. •	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT							3	+135	.]		OR	+270=	
								101			OR	YOTAL ADDIT, FEE	
ADOIT. FEE (Column 1) (Column 2) (Column 3)													
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		PATE		ADDI- TIONAL FEE:		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	• 85	Minus	.: Xt	<u></u>	· 0/2		X\$ 9	-		OR	X\$18=	
	independent	ATTATION OF M	Minus	ENDEN	COL AINA	- 19	4	X40-	\cdot	1	OR	X80 = .	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135	•	•	OR	+270=	
								TOT ADDIT, F			OR	YOYAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		ŖATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•	11	X\$ 9-	. [OR	X\$18=	ï
	Independent	•	Minus	•••		=	41	X40=	1		OR	X80=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	CLAIM		J	+135			OR	+270=	
" If the entry in cotumn 1 is less than the entry in column 2, write "t" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													
•••	If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	ald For IN THI	S SPACE	is less the	n 3, enter "3."		ADDIT. Fi und in the		ropriate box	1	ADDIT. FEE lumn 1.	

aplication or Docket Number